

Authorization for Direct Deposit

This authorizes Apple Tree Home Care, LLC to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future.

This authorizes the financial institution holding the Account to post all such entries.

Account #1

Deposit (amount or %) _____

Account type (checking or savings) _____

Employee Bank Name _____

Branch _____

City and State _____

Account # _____

Routing # _____

Account #2

Deposit (amount or %) _____

Account type (checking or savings) _____

Employee Bank Name _____

Branch _____

City and State _____

Account # _____

Routing # _____

This authorization will be in effect until Apple Tree Home Care receives a written termination notice from me and Apple Tree Home Care has a reasonable opportunity to act on it.

Signature _____

Print name _____

Date _____

Please attach a voided check from each account listed above.